

COUNTY OF LOS ANGELES

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DEPARTMENT OF MENTAL HEALTH

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Reply To: (213) 738-4601
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October 29, 2010

TO: Each Supervisor

FROM: Marvin J. Southard, D.S.W.
Director of Mental Health

A handwritten signature in purple ink, appearing to be "M. Southard", is written over the printed name of Marvin J. Southard.

SUBJECT: **NOTICE OF INTENT TO ISSUE WORK ORDER EXCEEDING \$300,000
UNDER THE MASTER AGREEMENT FOR AS-NEEDED STRATEGIC
PLANNING AND RELATED SERVICES**

This is to advise your Board of our intent to request the Chief Executive Office (CEO) to execute a Work Order under the Master Agreement for As-Needed Strategic Planning and Related Services (Master Agreement) with Walter R. McDonald and Associates, Inc. (WRMA), in the amount of \$1,206,230. The period of performance for the Work Order is for FY 2010-11 and FY 2011-12. In accordance with established Master Agreement guidelines, prior Board notice is required for projects that will exceed \$300,000.

BACKGROUND

In 2007, the State Department of Mental Health (SDMH) released the guidelines for the Prevention and Early Intervention (PEI) Plan, the second largest component of the Mental Health Services Act (MHSA). On August 27, 2009, the Mental Health Services Oversight and Accountability Commission (MHSOAC) approved the Department of Mental Health's (DMH) PEI Plan for Los Angeles County in the amount of \$121,661,559. PEI focuses on evidence-based services, education, support, and outreach to help inform and identify those who may be affected by some level of mental health issue. Providing mental health education, outreach and early identification (prior to diagnosis) can mitigate costly negative long-term outcomes for mental health consumers and their families. The PEI Plan, comprised of 10 projects and 51 programs, includes 34 Evidence-Based Programs (EBPs), 2 Promising Practices (PPs), 13 Community-Defined Evidence Practices (CDEs), and 2 pilot programs.

One of the MHSA PEI requirements for DMH is the use of continuous quality improvement (CQI) practices in the provision of mental health services. CQI involves the selection of key performance measures, on going data analysis, dissemination of results, and finally, the incorporation of performance measurement into further

programmatic refinements. Currently, the mental health system has largely been concerned with the mitigation of chronic and persistent mental illness. In the context of developing and refining PEI services, this focus on CQI presents challenges. Questions have surfaced about methods of establishing normal quality assurance and quality controls, and whether they can appropriately address performance standards for the Department's overriding goal of prevention for Los Angeles County's large and diverse population.

While all phases of this improvement cycle are important, the selection and tracking of quality performance measures have proven to be problematic in demonstrating successful program outcomes for PEI programs. One aspect of this problem involves the nature of mental health disorders which have complex etiologies and multiple contributing risk factors. The interplay of these factors, experiences during critical developmental periods, and genetic predispositions may, in varying degrees, impact whether a disorder is expressed, its trajectory and prognosis. Subsequently, the selection of clinical outcomes and system-wide performance targets becomes extremely important as poor choices may misrepresent the population's actual experiences.

The MHSA PEI component was designed to intervene in the early stages of disease progression so that the progression is slowed or perhaps even be entirely eliminated. At present, the current system cannot answer questions regarding program improvement for the severe and persistent mental illnesses for which it was designed. The challenge for DMH is to develop a framework and infrastructure where performance measures can provide sufficient and appropriate feedback to the system of care. Treatment progress on a population-wide level remains unfocused and uncontrolled, and these deficiencies will further exacerbate in the context of the new prevention and early intervention services to be implemented. Due to the considerable amount of data, information, and performance targets, it is through the iterative process of developing and refining key performance indicators that will improve services over time.

DMH must develop a plan to effectively study the life cycle of emerging mental health programs so that appropriate adjustments can be made to improve services, as well as identify a strategy for assessing these key programmatic elements, analyze results, and most importantly, infuse the system with corrections. In addition to SDMH's requirements regarding the use of performance targets to guide innovation, it is the successful delivery of these contracted services that will result in more efficient and accurate administration of PEI programs at all levels of oversight. Improvements in the information systems will assist clinicians in maintaining model-adherent, evidence-based practices which in turn will maximize treatment effects in clients who participate in them.

The purpose of the Work Order for assistance in tracking MHSA PEI performance measures and outcomes is to develop:

1. Performance measurement strategies, tools, and systems capable of tracking and suggesting continuous improvement of PEI mental health services;
2. Key service delivery standards for the PEI Plan, including EBPs, PPs, Pilots, and CDEs; and
3. Baseline organizational effectiveness data, including a data collection and information system.

SCOPE OF WORK

DMH intends to employ WRMA, a contractor with substantial experience in the design and development of performance measurement and CQI practices, and information systems in order to provide recommendations on efficient and effective performance measurement system implementation as well as how DMH can best meet its SDMH PEI outcomes, CQI, and other tracking needs. The services include identifying the means of evaluating the PEI activities, analyzing cost-effectiveness, as well as evaluating compliance with DMH standards, adherence to model fidelity, client outcomes, and agency performance in relation to PEI guidelines. Also included is a brief PEI information needs assessment, a DMH Information Technology (IT) resources assessment, and provision of IT research to identify potential solutions for PEI information needs. The overarching goal of these activities is to inform and empower the CQI activities so that performance measures are used to improve the incidence of mental health disorders in the population.

OUTCOMES AND TRACKING OF MHSA PEI PERFORMANCE MEASUREMENTS	
Objective 1. Performance Measurement Planning Process	
Purpose	Provide direction to DMH PEI staff in developing the PEI Plan's performance measurement strategy, including tracking program utilization, performance measures, and clinical outcomes. Also, provide technical assistance to DMH PEI staff on issues pertaining to CQI and PDCA (Plan-Do-Check-Act) in the context of PEI performance targets.
Deliverables	<ol style="list-style-type: none">1. Recommendations for PEI performance measurement process. Meetings with DMH staff to develop and confirm performance measurement planning process and findings.2. Adjustments to performance measurement process as required, including changes and specific mechanisms in the PEI Plan performance measurement system that are needed as the PEI EBPs, PPs, Pilots, and CDEs are implemented.

Objective 2. PEI Information Needs Assessment	
Purpose	Conduct a PEI information needs assessment to identify suitable data sets related to performance targets and develop initial targets and a strategy for responding to their outcomes.
Deliverables	<ol style="list-style-type: none"> 1. Needs Assessment Report, including data gathering procedures, measures used, data analysis procedures, and assessment results. 2. Meetings with DMH staff to discuss and confirm needs assessment findings.
Objective 3. DMH IT Infrastructure and Human Resources Assessment	
Purpose	Conduct an assessment of DMH IT infrastructure and human resource potential in relation to PEI information needs and potential barriers to fulfilling performance measure requirements.
Deliverables	<ol style="list-style-type: none"> 1. IT Infrastructure and Human Resource Assessment Report. 2. Meetings with DMH staff to discuss and confirm IT resources assessment findings.
Objective 4. Technical Recommendations for Addressing PEI Information Needs	
Purpose	Develop a range of technical recommendations for meeting PEI information needs given DMH's IT capabilities and current IT industry standards, strategies, products, and frameworks and performance measurement strategy.
Deliverables	<ol style="list-style-type: none"> 1. Executive Summary detailing the findings of the respective assessments and the recommended feasible options to address PEI needs, one for technical staff and the other for non-technical staff. 2. Meetings with DMH staff to discuss recommendations and to provide technical assistance in understanding the implications for each option.
Objective 5. PEI Information Needs Summary Report	
Purpose	PEI Information Needs Summary: Final Report.
Deliverables	Prepare a report summarizing assessment methods, results, and the range of options for developing a flexible performance-based and data driven system to address the SDMH CQI requirement.
Objective 6. Technical Assistance and Implementation Planning	
Purpose	Provide technical assistance and design/development consultation to DMH in order to assimilate report findings and to move forward in implementing technical and strategic planning solutions.
Deliverables	Meetings with DMH staff in order to convey technical details necessary for implementation planning and the preparation of solicitation documents. Contractor will prepare handouts as needed to guide discussions.

The target dates for the project are November 1, 2010 to June 30, 2012.

SELECTION PROCESS

A Request for Service (RFS) for "Outcomes and Tracking of MHSA PEI Performance Measurements" was issued under the CEO Master Agreement for As-Needed Strategic Planning and Related Services and released on July 12, 2010. The RFS was sent to three vendors on the CEO Master Agreement List who demonstrated experience in providing performance measurement services to Los Angeles County Departments of Health Services and Mental Health. An expedited response was requested due to the projected start of utilization of outcome measures on August 1, 2010, by contract agencies implementing PEI programs through transformation. Proposals were due on July 29, 2010, and WRMA was the only vendor to submit a proposal. DMH staff reviewed and determined that WRMA's proposal met the RFS guidelines for "Outcomes and Tracking MHSA PEI Performance Measurements."

FISCAL IMPACT

There is no net County cost.

The amount of the Work Order is \$1,206,230, which will be funded through MHSA PEI funds. The total amount approved by SDMH for MHSA PEI funds is \$121,661,559.

NOTIFICATION TIMELINE

Consistent with the policy and procedures for the Master Agreement for As-Needed Strategic Planning and Related Services, we are informing your Board of our intention to execute the above mentioned Work Order. If no objection is received from your Board within one (1) week of this filing, we will submit the Work Order request to the CEO for review and approval.

If you have any questions or need additional information, please call me at (213) 748-4601, or your staff may contact Lillian Bando, (213) 738-2322 or LBando@dmh.lacounty.gov.

MJS:DM:lb

c: Health Deputies
Chief Executive Officer
Executive Officer, Board of Supervisors
County Counsel
Martin Zimmerman, Chief Executive Office
Robin Kay, Ph.D.
Dennis Murata, M.S.W.
Contracts Development and Administration